

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND 10/527304 | | | | | | | | | | | |
|--|-----------------------------------|---|--------------|----------|--|--|--|--|--|--|--|
| 1 Date of Request: _____ | | 2 Serial/Patent # _____ | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input type="checkbox"/> | Filing | | | \$ | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| <input type="checkbox"/> | Overpayment | Credit Deposit A/C #: | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: _____ | | TITLE: _____ | | | | | | | | | |
| SIGNATURE: _____ | | <small>Repln. Ref: 07/25/2005 PKIDWELL 00125/4600 DAH: 826104 Name/Number: 10527304 FC: 9204 \$250.00 CR</small> | | | | | | | | | |
| OFFICE: _____ | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**